U S Department of Labor Office of Labor Management Standards Washington DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215 0188
Expires 11 30 2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



## READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 9907	2 Fiscal Year Covered From				
•	1 / 1 / 2004 Through 12 / 31 / 2004				
3 Name and address of person filing	4 Name file number and address of labor organization				
Name Carlos Aquin	Name Bricklayers and Allied Craftworkers Local 13				
	Labor Organization File Number 021-572				
PO Box Bldg Room No Ifany	P O Box Building and Room Number if any				
	1 o box building and troom ramber in any				
Street 3640 South Highland Drive	Street 3640 South Highland Drive				
City Las Vegas	City Las Vegas				
State Nevada ZIP Code + 4 89103-5722	State Nevada ZIP Code + 4 89103-5722				
5 Position in labor organization					
Vice-Chairman					
Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)  A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent					
6 Name and address of Employer (including trade name if any)	7 a Nature of Interest Transaction or Income				
Name					
Trade Name if any					
PO Box Bldg Room No If any	7 b Amount.				
Street					
City					
State ZIP Code + 4					
Signature					
15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and better rue correct and complete (See the section on penalties in the instructions.)					
Signed	On 8/12/2005 702-873-0332				

Name of Person Filing Carlos Aquin	File Number <b>U</b>			
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested				
8 Name and address of Business (including trade name if any)  Name BAC Local 13 Pension and Health Benefits Trs  Trade Name if any  P O Box Bldg Room No if any Suite 200  Street 526 S Tonopah Drive  City Las Vegas  State Nevada ZIP Code + 4 89106	9 Business deals with  a Labor Organization  b Trust  c Employer			
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing			
Name  Trade Name if any  P O Box Bldg Room No if any  Street  City  State  ZIP Code + 4	Trustee  11 b Approximate dollar value of such dealing  12 a Nature of interest held or income received  Advance for International Foundation of Employee Benefit Plans 50th Annual Convention in New Orleans Louisiana Turned in expense report for expenses of \$1 836 and reimbursed \$664 of unused funds to the trusts			
	12 b Amount \$2,500			
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value				
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)  Name  Trade Name if any  P O Box Bldg Room No if any	14 a Nature of payment.			
Street City ZIP Code + 4				
13 b Is the Business an Employer or Consultant?	14 b Amount of payment			

Name of Person Filing Carlos	Aquin	File Number U	

## **Part B Continuation Page**

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)	9 Business deals with
Name OBA Midwest	a Labor Organization
Trade Name If any	a Labor Organization
PO Box Bldg Room No If any Suite 200	b Trust
	   C Employer
Street 526 S Tonopah Drive	
City Las Vegas	
State Nevada ZIP Code + 4 89106	
10 If 9 b or 9 c. is checked give trust or employer's name	11 a Nature of such dealing
Name	Trustee
Trade Name If any	¬
PO Box Bldg Room No if any	
Street	
City	
State ZIP Code + 4	11 b Approximate dollar value of such dealing
	12 a Nature of interest held or income received
	Meals paid by third party administrator to discuss operating efficiency of trust and administration of member benefits
	12 b Amount \$337